

ASSOCIATION NEWS

Report and Recommendations on Hypnosis, Special Committee on Hypnosis, The Canadian Medical Association

WITH REGARD TO ITS SCIENTIFIC NATURE, THE CLINICAL APPLICATION OF ITS PSYCHOLOGICAL AND PHYSIOLOGICAL PHENOMENA, THE ACADEMIC TEACHING OF ITS THEORETICAL AND TECHNICAL ASPECTS AND THE LEGISLATION AFFECTING ITS PRACTICE

The increasing interest in the use of hypnosis during the past 20 years, the conflicting reports concerning its validity, its use by non-professionals in the treatment of medical conditions, the lack of training facilities in this field in Canada and the lack of a central source for information regarding the subject led The Canadian Medical Association to form a Special Committee on Hypnosis on November 11, 1960, with the object of investigating the use and abuse of hypnosis in Canada.

Dr. Bernard B. Raginsky was appointed Chairman, with the recommendation that three other members were to complete the Committee. This recommendation was carried out with the assistance of the three national Canadian medical societies most interested in the problem. The Committee was formed as follows: Bernard B. Raginsky, M.D., Montreal, Chairman; Heinz E. Lehmann, M.D., Montreal, representing the Canadian Psychiatric Association; J. B. Michaud, M.D., Drummondville, Que., representing the College of General Practice of Canada; W. L. Esdale, M.D., Vancouver, B.C., representing the Canadian Anaesthetists' Society; and Robert J. Weil, M.D., Halifax, N.S., Corresponding Member for Nova Scotia.*

The following report is based on a study of the Committee in which it:

- 1. Reviewed the world literature on the subject.*
- 2. Studied the findings of other national medical organizations in various parts of the world (Appendix A).*
- 3. Consulted with the majority of the world's leading authorities on hypnosis either by correspondence or by attendance at national meetings or world congresses dealing with the nature of hypnosis, clinical applications of hypnosis, teaching and the legal implications of its use.*
- 4. Obtained from the Deans and Heads of the Departments of Psychology and Psychiatry of the Canadian medical schools their views on the subject (Appendix B).*
- 5. Consulted the Colleges of Physicians and Surgeons in all the Provinces (Appendix C).*
- 6. Consulted the Legislative Branch of the Federal and Provincial Governments, the Department of National Health and Welfare and the Canadian Mental Health Association (Appendix D).*
- 7. Gained an overall picture of training facilities available in Canada (Appendix E).*
- 8. Collected information on the abuse and misuse of hypnosis by poorly trained, poorly motivated or maladjusted professional persons as well as the misuse of hypnosis by lay hypnotists in*

private "practice" and in Canadian hospitals (Appendix F).

- 9. Surveyed the international, national, provincial and local hypnosis societies and their membership (Appendix G).*
- 10. Studied the handling of information on hypnosis in the United States through television, radio and journalism (Appendix H).*

THE SCIENTIFIC NATURE OF HYPNOSIS

Although hypnotic phenomena have been known from time immemorial and systematically studied and applied for more than a century, it is still impossible to define their nature with our present state of knowledge. It may be stated at this time, however, that the hypnotic state is an abnormal condition of the human organism characterized by the presence of a variety of psychological and physiological phenomena depending upon the individual and the depth of the hypnotic state obtained. Its principal psychological features consist of a narrowing of consciousness and an increase of suggestibility, while the main physiological alteration in the hypnotic state may be found in an increased lability of processes regulated by the autonomic nervous system. It is becoming more apparent through recent studies that the increase in suggestibility is not as important a characteristic of hypnosis for therapy as had been thought in the past. It is generally accepted that the psychodynamic aspects of hypnosis involve a regression to a more primitive, dependent behaviour, diminished critical judgment and loss of a considerable degree of initiative as well as emotional disinhibition resulting in an increased accessibility to repressed and suppressed material. The hypnotic state, at times, may bear some resemblance to the manifestations of the hysterical type of the psychoneuroses but is not identical with it.

It follows that the deliberate induction of a hypnotic state is by no means an indifferent procedure and, therefore, should be restricted to those persons whose special training enables them to fully understand and master most aspects of this highly complex condition. Because the induction of the hypnotic state constitutes a profound interference with an individual's fundamental mental and physical mechanisms, the Committee believes that a physician using hypnosis should first have an understanding of the basic principles of psychiatry and certain basic psychiatric skills; that before hypnosis is used there should be an adequate physical examination and an evaluation of the mental and emotional status of the patient. The techniques and procedures utilized while the patient is under hypnosis are essentially identical with those that would characterize the treatment if he were not hypnotized. If this concept can be accepted, it would

*Deceased.

follow that lay persons should not attempt to hypnotize anyone. It also follows that physicians are not equipped at this time through a medical degree alone, without special training, to use this modality. The very fact that hypnotic techniques can be learned easily and used by nearly everyone constitutes a danger not only for the public but also for the untrained professional as well. Too often hypnosis has been used by the non-psychiatrist as a short-cut for psychiatric therapy with questionable results.

The problem of referral of a patient to another physician for treatment at the hypnotic level requires special care. The Committee finds it inadvisable for any physician to simply refer his patient for hypnotic therapy to a licensed medical practitioner who is skilled in this particular technique in a manner in which a patient might be referred for physiotherapy or radiation treatment. This is so because, whenever hypnosis is used, the therapist must first seek to obtain a thorough knowledge of the patient's dynamics and develop a constructive relationship with the patient. Under these circumstances it could hardly be expected that a patient could continue in psychotherapy with another physician as though the hypnotic therapy had been an indifferent superimposed procedure.

Indications for the Use of Hypnosis

1. Hypnosis has a potential contribution to make in any condition for which psychotherapy may be effective.
2. Hypnotic techniques may shorten the time required for the investigation and/or treatment of pathological conditions which are functionally determined or organic conditions with a functional overlay and feedback.
3. Hypnosis may serve as a valuable research tool in studies of human behaviour, conditioning, learning processes and in the experimental production of artificial neuroses, conflicts and model psychosomatic conditions.

Contraindications to the Use of Hypnosis

1. Any condition where the emotional status of the patient has not been determined.
2. Any attempt at symptom removal without first determining the functions served by the symptoms.
3. The use of hypnosis without a definite, constructive goal.
4. The use of hypnosis to satisfy, overtly or covertly, the "power needs" of the therapist.
5. Its use detached from the total framework of psychotherapy.
6. Its application primarily in order to satisfy a patient's insistent demands for it.
7. Its use in borderline or compensated psychotics, except by expert psychiatrists.
8. Its use in depressions, except by expert psychiatrists, because of possible suicide.

The Committee holds it to be in the best public interest to affirm its concern with the competent, scientific and socially responsible use of hypnosis. It is in favour of the restriction of the use of hypnosis to the scientific disciplines of medicine, dentistry and psychology, and concludes that hypnosis is properly used constructively and without undue hazards only in a professional setting by persons trained in its use

and when they limit their application of it to the field of their special competence.

There is a considerable disparity between the findings of the British Medical Association, American Medical Association, American Psychiatric Association and other authoritative national bodies (see Appendix A) which favour the use and the teaching of hypnosis and the poor use made of this knowledge by Canadian medical schools (see Appendix B).

Teaching of the Theoretical and Technical Aspects of Hypnosis

A survey of the scientific literature shows that researchers are giving increasing attention to the more fundamental problems relating to the nature of hypnosis and the structure of hypnotic behaviour. Clinical concepts related to hypnosis are being described with greater clarity and precision. There is a growing concern for the therapeutic process as a dynamic modality and this is replacing the earlier emphasis on technique. Systematic research, especially experimental investigation, is now going on in a number of well-organized research laboratories in university, medical school and hospital settings.

Increasing recognition of the therapeutic value of hypnosis will most likely develop with increasing skill and understanding in the management of hypnotic procedures in medical treatment and the refinement of hypnotic techniques in experimental investigations. There appears to be a genuine consolidation within the fields of clinical and experimental hypnosis which probably will lead to greater productivity in connection with basic and applied research and to a growing incorporation of theoretical and operational concepts of hypnosis within the broader aspects of psychological and biological phenomena in general.

The beginnings of educationally sound training programs for research investigators and clinicians may be seen in the expanding teaching facilities in university psychology departments and medical schools in the United States and elsewhere. Curriculum planning and course structure for the academic teaching of hypnosis are receiving greater attention than ever before but less in Canada than in most countries.

Training in hypnosis should be patient-oriented and not hypnosis-oriented. It should be taught in a medical school, teaching hospital, or approved special training institutes for hypnosis under university auspices. The student should be given a comprehensive presentation of human behaviour in its cognitive, affective and motivational aspects and should be taught the dynamics of symptom formation. The patient-physician relationship should be explored and stressed. This training should be of sufficient duration and depth, with clinical supervision, so that the trainee can eventually use hypnosis within the field of his competence with the same security and effectiveness that should characterize the use of other medical modalities in his practice.

The results of the survey of the Canadian medical schools on the subject of hypnosis showed that no formal training is being given in any Canadian medical school. In the majority of schools the subject is touched on in either the department of psychology or psychiatry or both, but is not treated as a special subject. Hypnosis has been employed by graduate students at some of these institutions in connection with research projects. At one of the medical schools

it is illustrated at the undergraduate level and employed at the graduate level in apprenticeship fashion as suitable cases for application arise. A group for enquiry into the research aspects of hypnosis has been set up in one school. Several schools are ready to initiate a course of study in hypnosis if given some guidance by those in a position to do so. In several of the institutions, students have been eager to receive instruction in hypnosis.

The Committee is keenly aware of the many difficulties in time and manpower (faculty) confronting the curriculum committee of the medical schools and realizes that instruction in hypnosis would place a very heavy burden on already overworked staffs. Nevertheless, this challenge should be met in some way—perhaps at the postdoctoral level. Teaching at the undergraduate level should consist of at least one comprehensive lecture and/or one or more discussion sessions for the third- or fourth-year students in the clinical years. These sessions should cover issues about hypnosis in relation to medicine in general and the specialties.

The Committee suggests that in teaching the undergraduate medical students psychological facts and theories, one must proceed cautiously because of the special nature of any information relating to human nature. Students can easily feel threatened by information of this kind. If taught such special techniques as the induction of hypnosis, there might be considerable risk that these techniques might be misapplied. For this reason, it would not be wise for the students to view a simple hypnosis demonstration because dramatic elements are generally stressed, with resulting distortion of proper focus. If some experimental work with hypnosis is being conducted at the school, it would be best to have the students view induction and hypnotic procedures in such a setting.

Teaching of hypnosis on the postgraduate level should be more inclusive, with demonstrations and observation of experimental settings. The teaching of psychodynamics as a prerequisite to the teaching of hypnosis should be associated with these sessions. Postgraduate courses may also focus on special areas of medical practice. It would be desirable as part of the course to deal with appropriate material pertinent for all areas of medical practice.

At the present time, Category II Credit is granted by the American Academy of General Practice for any of its members attending the annual scientific meeting of accepted national hypnosis societies.

CONCLUSIONS

The Committee is in accord with the findings of the American Medical Association, British Medical Association and American Psychiatric Association in that general practitioners, medical specialists and dentists might find hypnosis valuable as a therapeutic adjunct within the specific field of their professional competence.

Since research and clinical psychologists have made valuable contributions to the subject, it seems proper to the Committee that special consideration be given to properly trained psychologists at the doctoral level in the use of hypnosis within the sphere of their competence.

It is stressed that all those who use hypnosis need be aware of the complex nature of the phenomena involved.

Training related to hypnosis should be under responsible medical, dental or psychological direction. Integrated teaching programs should include not only the techniques of general induction but also the indications and limitations for its use within the specific area involved. Instruction limited to induction should be discouraged. Teaching of hypnosis should be of sufficient duration and depth for students to acquire adequate understanding of its appropriate place in relation to other psychiatric treatment modalities.

Adequate training in hypnosis is almost completely lacking in Canada at this time. Training in all aspects of hypnosis should be made available to all physicians requesting it.

There are special precautions to be taken when patients are referred to physicians for therapy at hypnotic levels.

The use of hypnosis should be restricted to the scientific disciplines of medicine, dentistry and psychology.

The use of hypnosis for entertainment purposes is strongly condemned.

There is a need for restrictive legislation, preferably at the Federal level.

Active participation in high-level research should be encouraged since certain aspects of hypnosis still remain unknown and controversial.

APPENDIX A

British Medical Association: Medical Use of Hypnotism: Report of Subcommittee appointed by the Psychological Medical Group Committee of the British Medical Association (and approved by Council of Association on April 13, 1955). *Brit. Med. J.*, 1: 1019-1020 (April 23), 1955.

American Medical Association, Council on Mental Health: Medical Use of Hypnosis (Report approved by Board of Trustees and House of Delegates of American Medical Association, June 1958). *J.A.M.A.*, 168: 186-189 (September 13), 1958. American Medical Association, Committee on Hypnosis, Council on Mental Health: "Training in Medical Hypnosis", report approved February 1960 by Council on Mental Health and reviewed April 1960 by Council of Medical Education and Hospitals.

American Psychiatric Association: Statement of Position Regarding Hypnosis, February 15, 1961. (Copies of this statement are available on request from the central office of the Association, Matthew Ross, M.D., Medical Director, 1700 18th Street, N.S., Washington 9, D.C., U.S.A.)

Council on Mental Health and The Committee on the Medical Aspects of Sports of the American Medical Association: "Joint Statement on the Use of Hypnosis in Athletics", July 1, 1960.

Transactions of the 1961 International Congress on Hypnosis: The Nature of Hypnosis—Contemporary Theoretical Approaches, Milton V. Kline, Editor, Waverly Press, Inc., Baltimore, Maryland, 1962.

APPENDIX B

Replies from the Deans of the medical schools across Canada (1961) concerning the attitude towards hypnosis are summarized as follows:

University of British Columbia.—"I cannot say that the subject of hypnosis is being taught as a course in our medical school. It is touched upon in psychiatry and also by the department of psychology at this university, and while any medical subject is of interest to us, there are no special plans for teaching hypnosis and for carrying out investigative work in this field at this university. Certain members of the department of psychiatry at this university, I understand, do use hypnosis in their practices."

University of Saskatchewan.—"I have been disappointed that there was not more overt interest in hypnosis on the part of the departments of psychology and psychiatry."

From the Professor of Psychiatry: "Hypnosis is not being taught in the medical school. We subscribe to the American Psychiatric Association philosophy that hypnosis is a legitimate form of medical treatment provided that it is administered by competent clinicians and in connection with their own specialty. We also believe that it should be taught in the department of psychiatry, but up until now have no facilities to provide such treatment."

From the Professor of Psychology: "In summary, I would say that hypnosis is not being treated here as a special topic or applied technique, but is considered where it is relevant to personality theory or the history of our science or research."

University of Manitoba.—"There is no formal instruction in hypnosis in the medical course, except one lecture on the subject in the physiology course. I am not aware that the use of hypnosis is stressed in any of the clinical departments including psychiatry and obstetrics."

University of Western Ontario.—"This subject is not taught as a separate entity in psychiatry. It is mentioned as one of the methods of investigation in the case of the psychoneuroses and not too useful a one at that." (Professor of Psychiatry.)

"We do not provide courses on hypnosis. It has been the subject of visiting lecturers from time to time. Although we have members qualified to do so, instruction in the technique of hypnosis is not part of our curriculum. Hypnosis has been employed by graduate students under supervision in connection with research projects. Students, of course, are tremendously interested." (Professor of Psychology.)

University of Toronto.—"Hypnosis is not taught as a course either at the undergraduate or graduate levels of the department of psychiatry. It is illustrated at the undergraduate level and employed at the graduate level in apprenticeship fashion as suitable cases for application arise. Three members of the department are competent hypnotists: under their aegis a group of enquiry into the research aspects of hypnosis has been set up in the past year."

Queen's University.—"There is no formal course of lectures in hypnosis given in either the department of psychology or the department of psychiatry. One or two lectures or demonstrations incidental to the program in these departments are given. Our professor of psychiatry uses these demonstrations to stress that hypnosis has little value in psychiatric treatment and may have some dangers. We do get enquiries from both students and physicians about the possibility of introducing a formal course; this has not been undertaken."

University of Ottawa.—"Hypnosis as such is not part of the undergraduate curriculum at the Faculty of Medicine or the School of Psychology. In recent years a certain number of postgraduate students in psychology have been involved in some research work in this field. Young physicians in training for certification in psychiatry have at times an opportunity to come in contact with the use of hypnosis as practised by some attending physicians. There is no organized work in the technique of medical hypnosis."

McGill University.—"While no reply has been received to our requests for information, it would seem that there are no formal courses in hypnosis in the undergraduate or postgraduate schools. Occasional lectures on the subject are given in the postgraduate school."

Université de Montréal.—"I must inform you that hypnosis is not taught at our medical school."

Université Laval.—"Hypnosis is not being practised by psychiatrists in our city. There is no mention of hypnosis in our medical teaching program, except that it can be taught indirectly at our theoretical courses. The Faculty of Medicine has, in principle, no objection to this practice. It is simply that, until now, our medical school has been disinterested in the subject."

Dalhousie University.—"I think that any teaching that is being done in hypnosis is done in the medical school. This is so to some extent in the department of psychiatry, but there is one general practitioner associated and a couple of obstetricians who are exceedingly keen, and I think personally, over-enthusiastic. Certainly, the department of psychiatry at any rate is very interested and concerned about the proper development of therapy by hypnosis in this area. . . . Any suggestions which your Committee has we would be most happy to receive."

APPENDIX C

The following is a summary of replies from the Colleges of Physicians and Surgeons throughout Canada (with the exception of Newfoundland and Saskatchewan) to the Committee's query concerning the use of hypnosis.

British Columbia.—Reports no information on the subject.

Alberta.—"The Department of Public Health and ourselves felt concerned about the possible abuse and noted with concern the number of occasions on which some United States citizen was coming to Alberta and advertising short courses for teaching people the art of hypnosis."

"As a result of this concern, at the 1961 Session of the Alberta Legislature, the Public Health Act was amended to provide for the licensing of hypnotists and the regulation and prohibition of the use of hypnosis in advertising and entertainment or for any other purpose the provincial board considers detrimental to the public. Regulations have not yet been established." (September 15, 1961.)

Manitoba.—"Some years ago, an unsuccessful action was taken through the courts against a woman who insisted that she simply taught methods of self-hypnosis."

Ontario.—"Prior to the passage of the Hypnosis Act, 1960-1961, the College had received complaints from misguided individuals who have sought treatment at the hands of unqualified hypnotherapists. In all instances it has been impossible to satisfactorily establish that the hypnotist has been practising medicine."

Quebec.—"The problem of hypnosis was brought to the attention of the College after someone pointed out the existence of various schools of hypnosis. As some of our members may wish to study in these schools, we feel that we owe them some information on the value of the instruction given in those schools."

New Brunswick.—"As far as I can learn from communications received from the mental health authorities with particular regard to this query, hypnosis is used only very occasionally and then on a group basis only; it is not used by private practitioners at all."

Prince Edward Island.—" . . . I do not believe there is any problem of hypnosis in this province."

Nova Scotia.—"The only people I know who practise hypnosis in Nova Scotia are registered doctors in good standing with this licensing authority."

APPENDIX D

Provincial and Federal replies to requests for information concerning legislation on the use of hypnosis are summarized below.

British Columbia.—Interested in the work of the Committee and await the findings. No regulations on hypnosis.

Alberta.—The Alberta Legislative Assembly made a change in their Public Health Act, giving authority to the Provincial Board of Health to make regulations regarding "the licensing of hypnotists and the regulation and prohibition of the use of hypnotism (1) in advertising and entertainment, or (2) for any purpose the Provincial Board considers detrimental to public health."

Saskatchewan.—No legislation specifically applying or referring to hypnosis. The only legislation applicable is The Medical Profession Act. It provides that any person practising medicine while not registered under the Act is guilty of an offence and liable to penalty.

Ontario.—The Hypnosis Act, 1960-1961, effective from November 1962, states that no person shall hypnotize or

attempt to hypnotize another person. This does not apply to physicians, dentists, psychologists or *bona fide* students leading to one of these professions.

Federal Government.—There is no Federal legislation in Canada respecting the use of hypnosis either by professional or lay people. Section 308 of the Criminal Code covers the subject in which the hypnotic state might be regarded as “enchantment” within the meaning of this section.

The other six Provinces have no legislation and no interest in it apparently.

Department of National Health and Welfare.—“Although this is an interesting subject coming to the fore these days, nothing official has been done at this level to shed any more light on it.

“The Committee’s findings would certainly be of interest to this Division.”

The Committee suggests that any proposed legislation should encompass the following:

A. It shall be unlawful to give an exhibition, demonstration, or performance in which hypnosis is used or attempted in connection with an entertainment or any gathering to which the public is admitted whether by payment or otherwise.

B. No person other than a legally qualified medical doctor, dentist, or person holding a doctorate degree in psychology from an accredited university shall use or attempt to use hypnosis for the diagnosis, treatment, cure or alleviation of any mental or physical disease, disorder, deviation, or condition or of the symptoms or effects thereof, or for any psychological irregularity, disturbance, or malfunction, or for any tic or undesirable habit, or for any other therapeutic purpose, or for the purpose of any research, or shall undertake to give instruction either personally or by any other means in the use of hypnosis. It is provided, however, that psychologists shall utilize hypnosis for therapeutic purposes only in consultation with a legally qualified medical doctor.

C. Nothing in this act shall prevent the exhibition, demonstration, or performance of hypnosis for scientific or research purposes, or for the purpose of instruction by and for any medical doctor, dentist or psychologist, or any persons who are *bona fide* students registered in courses leading to qualification in such professions.

APPENDIX E

Opportunities for training in hypnosis by medical personnel are practically nil. No courses are given at any Canadian medical school or university. Whatever training there is can be classified as follows:

1. The occasional trained Canadian licensed practitioner who may give personal or group training.
2. Visiting foreign medical, dental and psychology teachers.
3. Continuing courses given in an occasional Canadian hospital not connected with a medical school and open to non-professional people.
4. Small study groups in the larger cities.
5. Lay teachers to the medical profession and to the lay public.
6. Correspondence schools.

None of these are at all adequate in the opinion of the Committee. A need exists for adequate and appropriate training in medical hypnosis at the undergraduate and graduate levels in medical education. This need is also felt at the postgraduate level by general physicians and non-psychiatric specialists who wish to develop competence in the use of hypnosis as it relates to their fields.

APPENDIX F

The following preliminary rules and regulations for a general hospital may be considered as a good working model. It may, with more experience, be developed further and refined in detail.

St. Paul's Hospital (Saskatoon, Saskatchewan) 1963.

Rules and Regulations Concerning Hypnosis (Preliminary in effect)

Article 43 of the Moral Code approved for the Catholic hospitals in Canada reads: “The use of narcosis or hypnosis in the treatment of mental illness is permissible, with the consent at least reasonably presumed of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient’s right to secrecy is duly safeguarded.”

THEREFORE:

- (1) Hypnosis is permitted as a psychotherapeutic agent.
- (2) Hypnosis is permitted in obstetrics and anesthesia as an alternative technique when indicated.

The Approved Hypnotist:

1. Must be a physician who is on the active Medical Staff of this hospital:
- (a) Who preferably is a certified psychiatrist trained in hypnosis or
- (b) Who has had formal training in hypnosis or
- (c) Who has proved his competency in this skill by experience in its clinical applications, and
- (d) Who will conform in the use of hypnosis in the best traditions of a clinical therapeutic procedure in accordance with the ethical practice of medicine.

Pre-Induction Requirements

1. The Attending Physician and/or Hypnotist
- (a) Will state in writing the clinical diagnosis.
- (b) Will state in writing the indications for the procedure.
- (c) Will require a *mandatory* consultation from the Chiefs of the corresponding departments of Medicine, Obstetrics or Anesthesia as the case may be—or by deputies delegated by the Heads of these departments.
- (d) Will give advance notice as to the time of commencement of the procedure to the Head Nurse or attending nurses, and the resident or intern in attendance will also be informed.

Standing Orders for Patients Undergoing Hypnotherapy

1. The nurse must remain with the attending physician during the induction of hypnosis.
2. During induction, every effort should be made to ensure a quiet atmosphere. Radios should be turned off and any talking should be done quietly.
3. After the attending physician leaves, the patient should be kept under surveillance. The nurse need not remain with the patient but should observe him or her at least every ten minutes.
4. There should be no attempt to awaken the patient without the responsible physician’s orders.
5. Unexpected interference may awaken the patient: To nurses or other attendants in charge: Before touching the patient, inform him or her what you are about to do, e.g. before feeling the pulse say, “I am going to touch your wrist to measure your pulse rate.”
6. Meals may be postponed unless the physician permits eating during the trance.
7. After awakening from the trance, the patient should be encouraged to sleep naturally without the element of suggestion.
8. Any unusual behaviour or occurrence during and immediately following the “trance” should be reported to the responsible physician.
9. Smoking should not be allowed until permission is obtained from the responsible physician.
10. The responsible physician must pronounce when the patient has regained his or her full sense of volition and self responsibility.

11. The procedure is to be carried out in a separate room in the ward or private room at the discretion of the chief of the department.

Notanda

1. "Responsible" physician is used in the sense that the hypnotist is the responsible physician, but also may leave some instructions to the attending physician. Such instructions should be in writing; the nature of these instructions is not required in writing, especially if they concern intimate and personal psychotherapeutic observations or inferences.

2. The resident in Medicine will have as his assigned project for this year to follow all patients, complete a full case report, present quarterly summaries to the Department of Medicine and a final presentation to the Medical Staff.

3. Until an integrated Department of Psychiatry comes into being in this hospital, the above course will be followed.

4. This innovation and controls are intended to exclude experimentation and afford an evaluation of the practice.

APPENDIX G

The Canadian Division of the International Society for Clinical and Experimental Hypnosis (with divisions in 25 countries) was formed in 1959 and has approximately 40 members. Membership is restricted to those holding the M.D., D.D.S., or Ph.D. degree in psychology. The Canadian Society of Clinical Hypnosis was organized in 1961 in Vancouver and consists of physicians and dentists.

There are active local Hypnosis Societies in cities such as Vancouver, Winnipeg, Toronto and Montreal. In addition to regular meetings of the members, they invite various authorities on hypnosis to address their groups when possible.

APPENDIX H

The Society for Clinical and Experimental Hypnosis, acting as consultants to the National Broadcasting Company, suggests the following procedure:

The Representation of Professions Connected with Hypnosis

"In any dramatic offering utilizing hypnosis either for therapeutic or investigative purposes, the person utilizing the hypnosis should clearly be identified as a psychologist,

physician or dentist, depending upon the appropriateness of the role in relation to the plot.

"Under no circumstances should it be implied directly or indirectly that hypnosis should be utilized by a person without professional qualifications in one of the aforementioned disciplines and without specialized training in this particular modality.

"The person represented as utilizing hypnosis should be described, wherever possible, as one who has had specialized training in this procedure and is fully aware that this is a specialized psychological procedure and not a routine use of simple suggestion.

"A professional person who is depicted as using hypnosis as a form of scientific demonstration rather than as a therapeutic procedure shall limit these illustrations of the hypnotic process to acceptable research procedures or the appropriate training of professional colleagues.

"A professional person who is depicted as using hypnosis shall neither claim directly nor imply indirectly that he possesses professional qualifications that exceed those he would usually have in his professional capacity when he is not employing hypnosis, and shall not employ any procedure which in the informed opinion of competent specialists would be likely to mislead or confuse a patient or subject. In utilizing hypnosis, a cardinal obligation should be the demonstration of respect for the integrity of the individual with whom one is working and he shall not imply magical solutions or favourable outcomes of a therapeutic nature that may be based upon secret or mystical techniques.

"The professional hypnotic relationship, regardless of the use to which it might be put in a television presentation, should be viewed essentially as a psychotherapeutic interaction and one in which the patient or subject is neither submissive nor dominated, which means that the approach should be very similar to a therapeutic interaction on the waking level."

The following statement has been authorized by the management of the National Broadcasting Company to be inserted into their Broadcast Standard (1963):

"When hypnosis is fictionally depicted in television drama, it should be represented, wherever possible, as a scientific technique and be utilized by characters portraying qualified professionals such as physicians, psychiatrists, psychologists and dentists.

"Demonstrations of actual hypnosis, as distinguished from the fictional depiction of hypnosis, must be avoided and hypnosis as an aspect of 'parlor game antics', to create humorous situations within a comedy setting, cannot be used."

PAGES OUT OF THE PAST: FROM THE JOURNAL OF FIFTY YEARS AGO

(Continued from page 1032)

"This Board also regards it as a mistake that examinations should be demanded in any but final subjects, especially when it is made impossible that the examination in such subjects as anatomy and physiology may be taken by students in course.

"The Board will not assume that it is the intention of the Council permanently to establish the conditions adopted with regard to the first examinations to be held in October next, in limiting them to one centre, Montreal, but at any rate must protest that no examiner has been selected representing any province or institution east of Quebec.

"Finally, and notwithstanding the exceptions above taken, this Board, in accordance with the special legislation

adopted in this behalf in 1903, will accept the registration certificate of the registrar of the Medical Council of Canada, and without further examination will register the holder thereof, on his complying with the ordinary regulations with regard to payment of fee, proof of identity, etc. This decision will apply to all 'ten-year men' registered in the Canadian Medical Register as well as to those registered after examination, subject only to the reservation already indicated with regard to recognition of the qualification which is being granted by the Council.

"The Board therefore deprecates the fact that one province, British Columbia, on account of existing local legislation is unable to accord this same general recognition to all holders of the Council's certificate."—*Canad. Med. Ass. J.*, 3: 815, 1913.